



Presentation to the 2011 Health and Human Services
Joint Appropriation Subcommittee

PUBLIC HEALTH AND SAFETY

Department of Public Health and Human Services

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OVERVIEW

Public health affects all of us, all of the time. Disease monitoring, prevention and control, food and consumer safety, assuring clean indoor air and safe drinking water, providing education about healthy lifestyles and health risks, and responding rapidly to emerging threats and events are public health activities that touch the lives of each and every Montana citizen. While the list of public health's contributions to the health of Montanans is lengthy, when prevention efforts are successful, problems often do not arise; therefore, many citizens may not recognize the impact of the public health system.

Montana's public health services are delivered primarily through contracts with local and tribal public health agencies in every county and on the reservations in Montana, as well as private providers, clinics, hospitals and other organizations located in Montana communities from border to border. The

Public Health and Safety Division (PHSD) leads the state's public health efforts and provides state-level coordination of key public health services to local and tribal public health agencies. Without the centralized resources, expertise and support PHSD provide to local public health agencies, many areas of the state would be unable to support the local services and resources necessary to protect the health of their residents and provide the highest quality of services.

SUMMARY OF MAJOR FUNCTIONS

Montana's **clinical public health and environmental laboratories** are located in the PHSD and aim to provide testing to support disease prevention and control. Last year, residents and health care providers from 53 counties in Montana submitted samples for laboratory testing services. Staff at the state's laboratories performed over 142,000 tests last year. Laboratory tests performed include both medical tests in support of disease prevention programs (such as for tuberculosis and HIV) and environmental tests in support of clean drinking water (such as for bacterial contamination and heavy metals). In addition, newborn screening for 28 metabolic and genetic diseases, is done at the laboratory for every baby born in Montana (over 12,000 per year).

Testing results are used by clinicians to aid in diagnosing and treating their patients and by public health and tribal officials to enhance responses to disease outbreaks or water contamination, and to track disease trends. When Montana was faced with the Influenza 2009 H1N1 pandemic, laboratories, clinicians, and public health and tribal jurisdictions looked to the PHSD to provide the needed testing. Because our laboratories are able to maintain state-of-the-art instrumentation, we were able to provide quality and timely test results for both patient diagnosis and treatment decisions, and needed data to our public health partners to track disease trends.

In addition to laboratory services, **communicable disease prevention and control** activities within the PHSD include disease tracking and control; regulatory activities for public establishments; and the coordination of activities such as immunization and HIV/AIDS treatment programs. Division programs are responsible for assisting with the approximately 6,000 cases of communicable diseases reported each year, working with providers and local public health agencies to ensure proper treatment and investigation necessary to prevent additional illnesses. Overall, Montana's public health system responded very well to the challenges presented by the 2009 H1N1 influenza pandemic. Since 2001, public health agencies have developed and tested a variety of **public health emergency response** plans. Many of these plans involved the dissemination of information, medications and vaccines to the general public during a public health emergency.

Additional communicable disease prevention and control activities include providing life-extending therapies and case management to 380 individuals living with HIV throughout the state and the shipping of over 212,000 doses of vaccine to local providers for use. Working with local agencies, we also coordinate the licensing and inspection of the state's 12,500 public establishments to help ensure public health and safety.

The PHSD is charged with **preventing chronic disease and promoting health**. This is accomplished with activities that promote healthy behaviors including physical activity, seat belt use, fall prevention, healthy eating and tobacco cessation, and that address chronic conditions such as asthma, cardiovascular disease, stroke, diabetes and injury. Preventable risk factors and chronic conditions such as those listed above place a major burden on Montanans due to reduced quality of life, high costs of health care and death.

We have programs that serve youth and adults statewide. For example, the Breast and Cervical Health Program has served over 20,000 low-income women with screening services. Since its inception in 2004, over 42,000 Montanans have enrolled in the Quit Line (866-QUIT-NOW), and approximately 13,000 (30%) have quit using tobacco with this statewide resource. Our chronic disease prevention programs also collaborate with and support health care professionals, health care facilities, local and tribal health departments, and numerous other organizations across the state. We license and regulate more than 150 emergency medical services across the state, provide education for emergency medical technicians, and work to improve the quality of care provided for trauma patients.

Improving the health of Montana's **maternal and child health** population is a priority for the PHSD. This population encompasses women of childbearing age (15-44 years of age), pregnant women, infants, children, and youth with special health care needs and their families. During the last year, we provided reproductive health services to approximately 27,000 men and women and assisted 499 pregnant women and 193 infants with home visiting services. Through the WIC Program, we provided nutrition screening and education, referrals to health and human services and nutritious foods to more than 20,000 participants each month. These services are provided at 96 sites, including seven American Indian Reservations.

Montana's maternal and child health programs coordinated clinics staffed by medical specialists and health care professionals to address 23 chronic pediatric conditions and served 5,089 children and youth who have special health care needs. Nearly all babies born in Montana (over 12,000 per year) were screened for hearing impairment and 28 metabolic and genetic diseases. In 2009, 15 babies were identified and treated for these diseases that without treatment can cause serious life-long effects and significant costs for medical care.

The PHSD is responsible for **monitoring and tracking the health of Montanans**. This is accomplished using a variety of data sources including birth and death records, hospital discharge data, survey information and disease registries and reports. We issue over 16,000 Montana birth and death certificates each year and maintain records of all marriages and divorces going back to 1860.

Strengthening our public health system continues to be a focus for the PHSD. A national voluntary accreditation program is under development and expected to begin accrediting public health agencies in 2011. Montana's citizens will benefit from public health departments that deliver contemporary public health services that meet national standards. In Montana, 10 local health departments working collaboratively with funding from the Robert Wood Johnson Foundation are completing quality improvement activities in preparation for national accreditation. Seven local health departments with funding provided through House Bill 173 passed by the 2009 Legislature, are completing the prerequisites to be considered for voluntary national accreditation. The resources developed as a result of these projects will be shared with all local health departments as they begin to prepare and apply for accreditation.

Health professional recruitment and retention efforts are also coordinated through the PHSD. We provide several programs that offer loan repayment and other incentives to providers to practice in Montana. In addition, we work with the federal government to designate certain areas of the state as health professional shortage areas and medically underserved areas. These designations are vital to securing community health center funding.

HIGHLIGHTS AND ACCOMPLISHMENTS DURING THE 2011 BIENNIUM

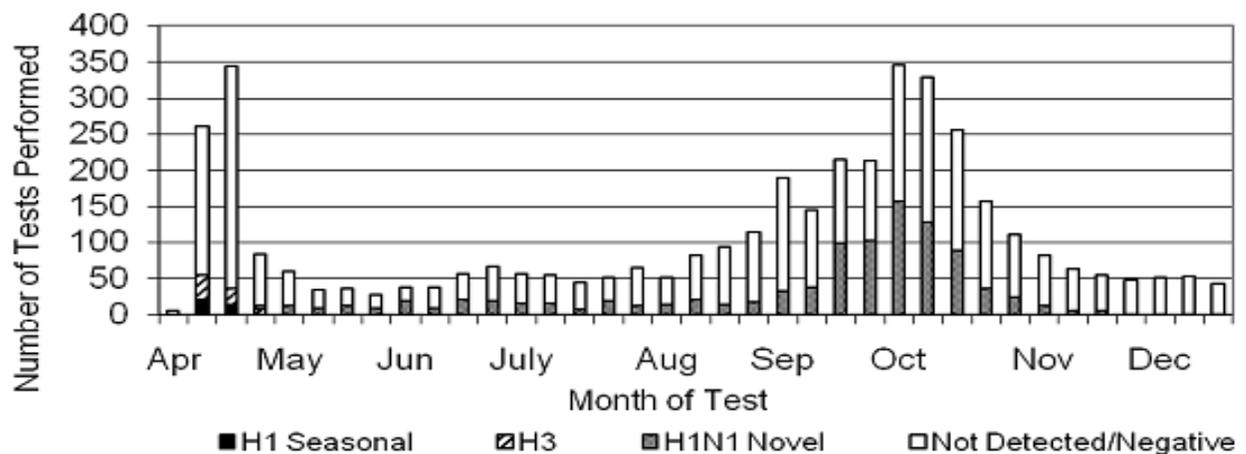
Cardiovascular Disease and Diabetes Prevention Program - Since 2008, over 1,400 Montanans have participated in the Cardiovascular Disease and Diabetes Prevention Program and they have achieved significant weight loss (45% met the 7% weight loss goal), 66% met the physical activity goal of obtaining 150 or more minutes of daily physical activity, and there were significant reductions in cardiovascular disease risk factors (e.g., hypertension). The DPHHS is working collaboratively with eight sites located in Billings (Billings Clinic and St. Vincent Healthcare), Dillon (Barrett Memorial Hospital), Great Falls (Benefis Healthcare), Helena (St. Peters Hospital), Kalispell (Kalispell Regional Health Center), Miles City (Holy Rosary Healthcare), and Missoula (Community Medical Center). Six additional sites will be added in 2011 located in Butte (Butte Diabetes Network), Chouteau (Teton Medical Center), Bozeman (Bozeman Deaconess Hospital), Missoula (St. Patrick Health Sciences Center and Missoula City/County Health Department), and Libby (St. John's Lutheran Hospital). The program has also been successfully through telehealth videoconferencing from Holy Rosary Healthcare in Miles City to other frontier communities including Baker, Colstrip, and Forsyth. Results achieved via telehealth have been similar to other sites. The Montana program is based on the National Diabetes Prevention Program (DPP), a clinical trial which found that an intensive diet and physical activity intervention targeting adults at high-risk for developing diabetes can reduce their risk by 58%.

Laboratory Remodel Completed While Services Continued Uninterrupted – Last year, residents and health care providers from 53 counties in Montana submitted samples for laboratory testing services and scientists and support staff at the state's laboratories performed over 142,000 tests last year. All of this was accomplished while the Environmental Laboratory underwent extensive remodeling. This project utilized long range building plan funds to replace out-dated air handling mechanical systems, chemical fume hoods, laboratory cabinets and bench tops in all second floor testing areas. In addition, several types of analytical equipment were purchased using state general fund monies to maintain updated testing methods at current standards and create a state-of-the-art Environmental Laboratory for Montana.

Injury Prevention Program Launched - Accomplishments in the first year of this program include implementation of an evidence-based program to reduce high risk alcohol use in collaboration with 13 sites (Bozeman Deaconess Hospital, Glendive Medical Center, Kalispell Regional Hospital, Livingston Memorial Hospital, Holy Rosary Healthcare in Miles City, Beartooth Hospital and Health Center in Red Lodge, St. Luke Community Hospital in Ronan, St. Patrick Hospital in Missoula, Community Medical Center in Missoula, Benefis Healthcare in Great Falls, Billings Clinic, St. James Healthcare in Butte, St. Vincent Healthcare in Billings, Central Montana Medical Center in Lewistown and University of Montana and Montana State University's Student Health Centers). In addition, 77 seniors are enrolled in an evidence-based fall prevention program in Great Falls, Lewistown and Missoula. This effort will be expanded to additional sites when proven successful. The Montana Injury Prevention Program was established in July 2009 with the goal to reduce unintentional injury and death among Montanans. The program has also developed a comprehensive report documenting the burden of injury in Montana, as well as outlining prevention opportunities to address this burden, and has established a statewide injury prevention partnership to promote collaboration among stakeholders interested in injury prevention.

PHSD Successfully Responded to H1N1 Influenza Pandemic - Within DPHHS, the Immunization, Communicable Disease/Epidemiology, Public Health Emergency Preparedness and Public Health Laboratory Programs supported the needs of local and tribal public health agencies, health care providers and facilities, other key partners and the general public during the H1N1 Influenza Pandemic. Over 200,000 Montanans received vaccine during a five month campaign period. Although demand for vaccine declined as cases began to be reported less frequently, the state's public health system demonstrated the ability to mobilize and efficiently deliver a large amount of vaccine in a relatively short period of time. Montana's first confirmed case of H1N1 was identified in May 2009. By the end of the outbreak, over 12,000 confirmed or suspected cases of 2009 H1N1 influenza were reported to the PHSD and an estimated 200,000 people had been infected. Eighteen deaths were attributed to the virus.

FIGURE 1. Influenza A testing, Montana Public Health Laboratory, April, 2009 through December, 2009



Improvements in WIC Program – Last year, the WIC Program continued to serve more than 20,000 participants living in every corner of our state while at the same time, implementing several new initiatives. With federal funding we replaced the program's aging management information system with the WIC SPIRIT system. This system was developed and implemented by 15 other WIC state agencies. Montana's successful statewide training and implementation was completed in January 2010.

In October 2009, a new national WIC food package was launched that now includes fresh fruits and vegetables. Montana has since created the Farm Direct Program that enables Montana farmers to accept the new fruit and vegetable benefit and farmers' market nutrition program benefit under a single agreement. Currently 115 farmers across Montana are authorized and participate in the Montana WIC Farm Direct Program.

Finally, the WIC Program received a grant in 2008 to rebrand all WIC education and training materials. The program contracted with a company to create a Montana-specific WIC logo that is now used in coordination with the DPHHS logo on all printed materials. New layouts for program training materials and DVDs for participants and retailers, outreach materials, and an updated web presence with a distinct and coordinated look have also been created.

Reductions in Tobacco Use and Successful Implementation of the Clean Indoor Air Act - The Montana Tobacco Use Prevention Program has made significant strides to reduce tobacco use among Montanans and continues to help Montanans quit using tobacco. Over 42,000 Montanans have enrolled in the Quit Line (866-QUIT-NOW) since 2004, and approximately 13,000 (30%) have quit using tobacco by accessing this statewide resource.

The MTUPP has made significant reductions in tobacco use among Montanans

- The sale of cigarettes has declined from 123 packs per capita in 1998 to 49.9 packs per capita in 2008.
- The prevalence of cigarette smoking among adults has decreased from 22% in 1998 to 17% in 2009.
- Smoking (in the past 30 days) among youth has decreased from 27% in 2000 to 15% in 2010.

The prevalence of smokeless tobacco use among youth and smoking during pregnancy remain high at 11% (2010) and 16%, respectively (2009). Additional focus will continue to be directed to these areas to initiate improvements. One example of this focus is the collaborative effort MTUPP, Medicaid, and other partners are implementing to increase tobacco use cessation among adults enrolled in Medicaid (described in more detail below).

Over the past five years the Montana Tobacco Use Prevention Program (MTUPP) has successfully implemented the state's Clean Indoor Air Act (CIAA). On October 1, 2009 Montana implemented the final phase of the CIAA, becoming the 18th state to become smoke free. The final phase required all enclosed public places and workplaces to be smoke free, including bars, taverns, and casinos. The CIAA has reduced Montanans exposure to secondhand smoke.

Overall compliance with the law has been high due to the coordinated state and local efforts. MTUPP collaborates with and funds 47 counties, seven tribes, and two urban Indian Health Centers to implement local activities, including those related to the CIAA. The program provided support to local health departments to implement a CIAA compliance protocol, and provided tool kits with signage, table tents, and other educational materials for businesses. The program also implemented a statewide public education campaign to raise citizen awareness of the law, and worked cooperatively with the Department of Justice in the implementation of the CIAA.

Between October 1, 2009 and October 1, 2010, the Department received 105 citizen complaints regarding potential violations of the law. Eighty-one percent of these complaints were for bars, taverns, casinos or restaurants. Seventy-five percent of these complaints were about indoor smoking occurrences. Fifty-seven businesses received one or more complaints. Overall public support for the law is very high. Between 2005 and 2009 adult Montanans support for the law as it applies to

restaurants (80% to 88%) and bars/casinos (62% to 76%) increased significantly. Since October 2009, approximately 95% of all bars, taverns and casinos have been in compliance with the law.

Immunization Efforts - In 2009, DPHHS received state funding to support immunization services for uninsured and underinsured adolescents. To date, approximately 3,000 adolescents in need of services have received immunizations needed to protect them from still all too common diseases. Vaccines purchased included those preventing meningococcal disease, pertussis and infection with Human Papillomavirus Virus (HPV). The availability of these vaccines was an important factor in increasing our adolescent immunization rate, as determined by the National Immunization Survey, increasing from 40.8% to 63.8% for tetanus, diphtheria and pertussis vaccine, and from 17.8% to 26.9% for meningococcal vaccine.

Our second major initiative was to increase childhood immunization rates and while this effort will be ongoing, we have already seen an improvement for the primary childhood vaccine series. According to the National Immunization Survey conducted by the Centers for Disease Control and Prevention, in 2009, 61.7% of Montana's children aged 19-35 months were fully immunized compared to 59.5% in 2008. While Montana is still below the national average of 71%, DPHHS, local public health agencies and vaccine providers have committed resources needed to improve the state's rate and protect our children.

On behalf of *Montana's Every Child by Two* committee, First Lady Nancy Schweitzer, Senator Carol Williams and former First Ladies, Theresa Racicot and Carol Judge, met with the Public Health System Improvement Task Force to examine the problem and identify solutions. As a result of the meeting, several activities to promote and assess immunization services were identified and are being implemented. These activities include issuing a "Certificate of Excellence" from the First Lady to child care facilities demonstrating a high-level of compliance with vaccination requirements. In addition, the First Lady signed a letter to schools, child care facilities, hospitals, local health departments and immunization providers throughout the state stressing the importance of immunization and informing them of our efforts to improve coverage rates.

Hospital Discharge Data have been utilized extensively – Information from the Montana Hospital Discharge Data System (MHDDS) has been provided to every local health department in Montana to assist with community health assessment and planning activities. The MHDDS has supported the Montana Primary Care Association by providing critical information for their grant applications to establish and maintain federally-qualified community health centers in Montana. In addition, the MHDDS has produced eight public health reports on a variety of topics, responded to 29 data requests from programs within the Department and ten requests from external organizations or constituencies.

Initiated in 2009, the MHDDS has established a five-year Memorandum of Agreement (MOA) for data sharing with the Montana Hospital Association (MHA) and acquired data sets from 2000 through 2008. The purpose of the program is to use these important data to assess the burden of disease and injury in Montana, as well as provide evaluation data for a variety of prevention, intervention and quality improvement efforts. For some conditions in Montana, hospital discharge data are the only source of information available to describe the burden and distribution of morbidity.

Collaborative Programs to Improve the Health Status of Medicaid/HMK Beneficiaries

Influenza Immunization - In the fall of 2009, parents/guardians of all 16,714 children aged six months to 4 years of age who were enrolled in Healthy Montana Kids and the Children's Special Health Care

Needs Programs were sent a letter encouraging them to receive both the seasonal and H1N1 influenza vaccines. The parents or guardians of the subgroup of these children who had diagnoses of conditions placing them at high-risk for H1N1 (e.g., asthma, diabetes) were also contacted by phone to promote obtaining both the H1N1 and seasonal influenza vaccination. This effort involved the Asthma Control Program, Diabetes Prevention and Control Program, Immunization Program, Medicaid, Healthy Montana Kids Program and Children with Special Health Care Needs Program.

Tobacco Use Prevention - Beginning in January 2011, the MTUPP in partnership with Medicaid, will implement a multi-pronged approach to reduce the prevalence of tobacco use among Medicaid beneficiaries. This will include a public awareness campaign (television, radio, and newsprint), direct mail outreach to adults enrolled in Medicaid, outreach to providers including physicians, mid-level practitioners, and dentists, and outreach to state and local agencies serving this population including the WIC Program, the Office of Public Assistance and others. The goal of this program is to a) increase awareness of adults enrolled in Medicaid about the cessation benefits provided by Medicaid, b) increase utilization of the quit line by Medicaid enrollees, c) increase cessation attempts by Medicaid enrollees, and d) reduce the prevalence of tobacco use among adults enrolled in Medicaid. A baseline (December 2010) and follow-up (winter 2011) telephone survey of a representative sample of adults aged 18 to 64 years old will be conducted to evaluate the impact of this intervention. Data from the Montana Quit Line and the birth records will also be used to evaluate this project. This program is based on the recent experience from the Massachusetts Department of Health and Human Services who utilized a similar approach. They reported a significant reduction in smoking among adults enrolled in Medicaid from 28% at baseline to 20% after initiating their intervention.

Childhood Immunizations – The PHSD is working with Healthy Montana Kids on a project to assess and improve the immunization rates of children enrolled in these programs. Preliminary work indicates that approximately 35-40% of enrolled children may not be up to date with respect to the primary childhood immunization series. In order to address this important issue, DPHHS will provide direct outreach through a letter to the parents/guardians of children who may be behind on their immunizations in January of 2011. The process will be assessed to determine if the reminder/recall notice is effective by re-examining data from both record systems. If the process appears to have a positive impact on childhood immunization practices it will be repeated every six months.

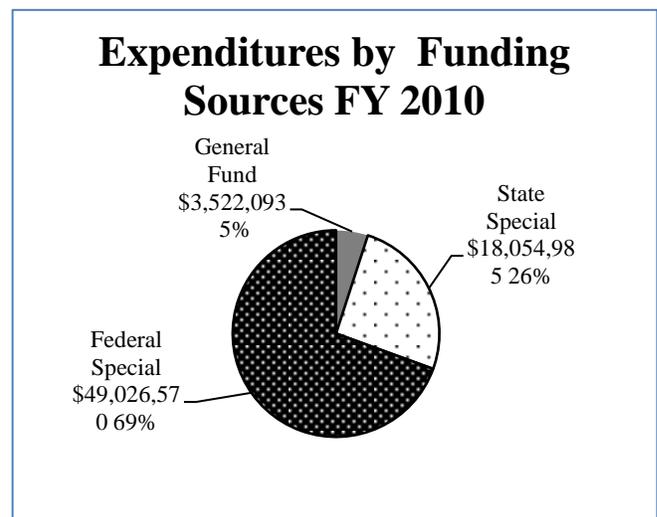
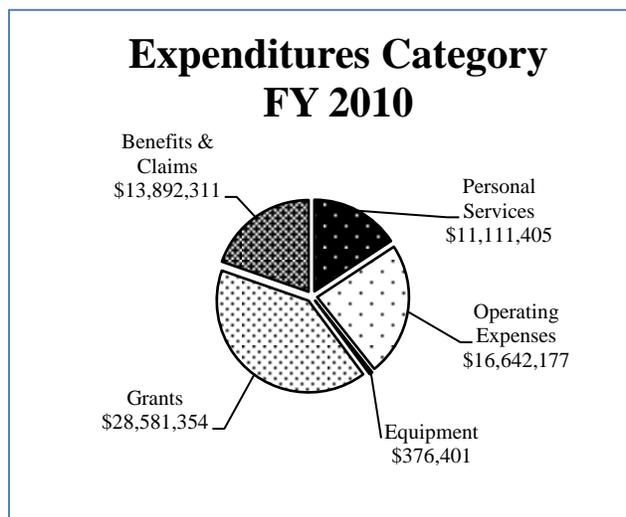
2013 BIENNIUM GOALS AND OBJECTIVES

Department of Public Health and Human Services Public Health & Safety Division	
Goals and Objectives for the 2013 Biennium Submitted September 1, 2010	
Goal: Improve the health of Montanans to the highest possible level	
Objective	Measures
Prevent and control communicable disease	<p>The proportion of children (19-35 months) fully immunized.</p> <p>The percentage of Chlamydia cases for which at least one contact was followed up.</p>
Reduce the burden of chronic disease	<p>The proportion of high school students smoking cigarettes in the past 30 days.</p> <p>The proportion of adults currently smoking.</p> <p>The proportion of persons aged 50 years and older who have had a colorectal exam.</p>
Provide accurate and timely laboratory testing and results	<p>The proportion of local health jurisdictions and public health clinics with access to accurate, reliable testing services (clinical and drinking water).</p>
Provide programs and services to improve the health of women, children and families	<p>The rate of birth for teenagers aged 15 through 17 years.</p> <p>The proportion of newborns fully screened and when indicated, provided follow up services.</p>
Prepare the public health system to respond to public health events and emergencies	<p>The number of local jurisdictions that participate in a public health emergency exercise every other year.</p> <p>The proportion of public health workers that have participated in public health training and continuing education opportunities.</p>

FUNDING AND FTE INFORMATION

	2010 Actual Expenditures	FY 2012 Request	FY 2013 Request
Public Health and Safety Division			
FTE	193.50	196.00	196.00
Personal Services	11,111,405	11,650,803	11,648,813
Operating	16,642,177	13,422,445	13,427,378
Equipment	376,401	277,242	277,242
Grants	28,581,354	23,048,563	23,050,636
Benefits & Claims	13,892,311	13,892,311	13,892,311
Debt Services	0	0	0
Total Request	70,603,648	62,291,364	62,296,380
General Fund	3,522,093	3,365,526	3,363,129
State Special Fund	18,054,985	18,328,989	18,335,864
Federal Fund	49,026,570	40,596,849	40,597,387
Total Request	70,603,648	62,291,364	62,296,380

**THE FOLLOWING FIGURES PROVIDE FUNDING AND EXPENDITURE
INFORMATION FOR
FY 2010 FOR PUBLIC HEALTH AND SAFETY DIVISION**



DECISION PACKAGES (SEE LFD BUDGET ANALYSIS, PAGES B-162 TO B-174)

NP 55470 - 4% Personal Services General Fund Budget Reduction - Page B-164

- This decision package reduces the general fund base budget by \$65,245 per year of the biennium for the Public Health and Safety Division.
- This amount was calculated based on 4% of the anticipated general fund budgeted for personal services.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2012	\$ (65,245)	\$ 0	\$ 0	\$ (65,245)
FY2013	\$ (65,245)	\$ 0	\$ 0	\$ (65,245)
Biennium Total	\$ (130,490)	\$ 0	\$ 0	\$ (130,490)

NP 70105 - Health Professions Loan Repayment Program - Page B-170

- This request adds \$71,453 each year of the biennium in federal funds to support the loan repayment program for health professionals who practice in designated shortage areas, accept Medicaid and Medicare, and offer sliding scale payments.
- The funds will be used to pay for student loans up to \$15,000 per year per person for two years.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2012	\$ 0	\$ 0	\$ 71,453	\$ 71,453
FY2013	\$ 0	\$ 0	\$ 71,453	\$ 71,453
Biennium Total	\$ 0	\$ 0	\$ 142,906	\$ 142,906

NP 70106 - Asthma Control Program - Page B-167

- This request makes permanent 2.5 FTE and \$350,000 in federal funds each year of the biennium to address asthma from a public health perspective.
- DPHHS received a cooperative agreement award from the Centers for Disease Control and Prevention for \$350,000 per year.
- These funds are used to support primary care practices to improve the quality of asthma care, provide public education regarding tobacco use and cessation related to asthma, and for a school grant program.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2012	\$ 0	\$ 0	\$ 348,942	\$ 348,942
FY2013	\$ 0	\$ 0	\$ 350,000	\$ 350,000
Biennium Total	\$ 0	\$ 0	\$ 698,942	\$ 698,942

NP 70107 - Colorectal Cancer Screening - Page B-167

- This request makes permanent 1 FTE and \$846,551 in federal funds each year of the biennium to support the colorectal cancer screening program.
- DPHHS received a cooperative agreement from the Centers for Disease Control and Prevention for \$846,551 per year.
- These funds are being utilized to implement the colorectal cancer screening program for under and uninsured Montanans aged 50 to 64 years of age, to support public awareness regarding screening, and to implement policy and systems approaches to increase screening among the broader Montana population.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2012	\$ 0	\$ 0	\$ 846,199	\$ 846,199
FY2013	\$ 0	\$ 0	\$ 846,551	\$ 845,551
Biennium Total	\$ 0	\$ 0	\$ 1,691,750	\$ 1,691,750

NP 70108 - WIC Infrastructure Funding - Page B-170

- This request adds \$300,000 in federal funding each year of the biennium to support WIC infrastructure efforts.
- WIC received a WIC Infrastructure Grant Award from the United States Department of Agriculture for \$300,000 per year.
- These funds will be used for the continued development and support of projects including rebranding of WIC educational materials, promotion of locally grown produce and working with farmers markets.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2012	\$ 0	\$ 0	\$ 300,000	\$ 300,000
FY2013	\$ 0	\$ 0	\$ 300,000	\$ 300,000
Biennium Total	\$ 0	\$ 0	\$ 600,000	\$ 600,000

NP 70109 - Diabetes and Cardiovascular Disease Prevention - Page B-167

- This request adds \$40,000 each year of the biennium in federal funding to support diabetes and cardiovascular disease prevention.
- DPHHS received a cooperative agreement from the Centers for Disease Control and Prevention for \$40,000 per year.
- These funds are being used to support the delivery of the Department's Cardiovascular Disease and Diabetes Prevention Program in remote rural communities through telehealth videoconferencing and to support training for health professionals from Tribal Health Departments and Indian Health Service Units regarding implementing the Cardiovascular Disease and Diabetes Prevention Program lifestyle curriculum.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2012	\$ 0	\$ 0	\$ 40,000	\$ 40,000
FY2013	\$ 0	\$ 0	\$ 40,000	\$ 40,000
Biennium Total	\$ 0	\$ 0	\$ 40,000	\$ 40,000

PL 55140 - 17-7-140 Reduction - Optimizing Federal Funding BRFS - Page B-162

- This request reduces the general fund support for the Behavioral Risk Factor Surveillance System (BRFS) by \$3,212 per year of the biennium.
- This amount represents the 5% budget reduction per 17-7-140 that is above the amount removed from the base FY10 expenditure level.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2012	\$ (3,212)	\$ 0	\$ 0	\$ (3,212)
FY2013	\$ (3,212)	\$ 0	\$ 0	\$ (3,212)
Biennium Total	\$ (6,424)	\$ 0	\$ 0	\$ (6,424)

PL 55141 - 17-7-140 Reduction - Optimizing Federal Funding for Poison Control - Page B-166

- This request reduces the general fund support for Poison Control by \$39,384 per year of the biennium.
- This amount represents the 5% budget reduction per 17-7-140 that is above the amount removed from the base FY10 expenditure level.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2012	\$ (39,384)	\$ 0	\$ 0	\$ (39,384)
FY2013	\$ (39,384)	\$ 0	\$ 0	\$ (39,384)
Biennium Total	\$ (78,768)	\$ 0	\$ 0	\$ (78,768)

PL 55142 - 17-7-140 Reductions - Operations Efficiencies - Page B-172

- This decision package reduces the general fund base budget \$4,947 each year of the biennium for the Public Health and Safety Division.
- This amount represents the 5% budget reduction per 17-7-140 that is above the amount removed from the base FY10 expenditure level.
- The Public Health and Safety Division will make reductions in expenditures in the areas of travel, conferences, supplies, newspaper ads, cell phone use, postage and contracting.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2012	\$ (4,947)	\$ 0	\$ 0	\$ (4,947)
FY2013	\$ (4,947)	\$ 0	\$ 0	\$ (4,947)
Biennium Total	\$ (9,894)	\$ 0	\$ 0	\$ (9,894)

PL 70004 - Increased Authority for State Laboratory - Page B-174

- This request is for \$125,000 each year of the biennium in state special revenue authority to meet projected increases in DPHHS laboratory supplies and other operating expenses.
- The expenses for laboratory supplies and other operating expenses are expected to increase an estimated 4 percent or \$125,000 each year.
- This estimate is based on maintaining level test volumes and the increased expenses will be covered by laboratory fees.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2012	\$ 0	\$ 125,000	\$ 0	\$ 125,000
FY2013	\$ 0	\$ 125,000	\$ 0	\$ 125,000
Biennium Total	\$ 0	\$ 250,000	\$ 0	\$ 250,000

LEGISLATION

The Division has no pending or requested legislation.